

FOR BOARD USE ONLY

Date Received: _____

Equivalency Documentation: _____

Fee Received: _____

FOR BOARD USE ONLY

Date Reviewed: _____

Approved: _____

Disapproved: _____



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-942-8285 ♦ Fax: 205-942-8285 ♦ E-Mail intdesbd@bellsouth.net

APPLICATION FOR PROGRAM REVIEW FOR EDUCATIONAL EQUIVALENCY

INSTRUCTIONS:

Complete this form and submit with six (6) copies of your Program Review for Education Equivalency. The non-refundable fee (check or money order) of \$750.00 made payable to the Alabama State Board of Registration for Interior Design shall accompany this application. Enclose one (1) copy of all essential materials and documentation as well as a postage-paid, self-addressed enclosure for return of submitted documents. Application shall be signed and dated. This application shall be completed in its entirety. Please type or print clearly in black ink. Only original forms will be accepted.

PROGRAM INFORMATION:

COLLEGE/UNIVERSITY NAME: _____

ACADEMIC DIVISION: _____

DEPARTMENT/UNIT: _____

PROGRAM NAME: _____

MAILING ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Business (____) _____ Fax (____) _____ EMAIL ADDRESS: _____

NAME OF PERSON SUBMITTING: _____

TITLE/POSITION: _____

ENCLOSURES:

- ☐ Program Review for Education Equivalency (6 copies)
 - ☐ Title Page
 - ☐ Section I: Introduction
 - ☐ Section II: Compliance with Standards
 - ☐ Section III: Analysis of Strengths and Weaknesses
 - ☐ Section IV: Plans for Future Development and Significant Changes
- ☐ Program Review Fee (\$750.00)
- ☐ Documentation (list) _____

I hereby authorize the Alabama State Board of Registration for Interior Design to appraise the enclosed Program Review for Education Equivalency and all substantiating documents. As the designated person submitting the Program Review for Education Equivalency, I acknowledge and affirm that the accuracy of information given in this application is correct and true and authorize the Board to investigate any and all statements made herein.

Date: _____

Signature: _____

MAIL TO:

ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

P.O. 11026

Birmingham, AL 35202

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